

## CLAIMS ONLY

Application Number  
07-851905Filing Date  
8-31-05

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENOMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2						
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
Total Indep	7					
Total Depend	50					
Total Claims	57					

\* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep						
Total Depend						
Total Claims						